

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 APR 29 PM 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000004274

1. Entity Name
DESTIN RETAIL, INC.



Principal Place of Business
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

Mailing Address
P.O. BOX 41847
ST. PETERSBURG, FL 33743-1847



04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3487620

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHER, CRAIG
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

900054751909
05/19/05--01004--007 **158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPTS
FILIPPELLI, JOSEPH A
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SEMBLER, BRENT W
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SEMBLER, GREGORY S
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SHER, CRAIG H
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FUQUA, JEFFREY S
1450 S. JOHNSON FERRY ROAD, STE. 100
ATLANTA, GA 30319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
THOMAS, ALAN M
5858 CENTRAL AVENUE
SAINT PETERSBURG, FL 33707

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/05 727-384-6000

CRAIG H. SHER, VICE-PRESIDENT

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ATTACHMENT

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10. Continued:

Add: Secretary
Wheeler, Ronald P.
5858 Central Avenue
St. Petersburg, FL 33707